RASIS FEE  PRIMARE FIRE  PRIMARE FIRE  PRIMARE FEE  PRIMARE FEE  RATE  PRIMARE FEE  RATE  RATE  PRE  RATE  PRO  RATE  PRE  RATE  PRO  RATE  PRO	(Column 1)	····	-	10 813,452	
10 FAL CLAIMS  TOTAL CLAIMS  TOTAL LIGID  THORSE FROM THE CLAIMS  TOTAL	BASIC FEE NUMBER CUIST		SMALL ENTITY	OR OTHER HAN	
TOTAL COLUMN 1  WILLIAMS COLUMN	OTAL CLASSIC	TOMOCH EXTRA	RATE	SMALL ENTITY	
MULTIPLE DEPENDENT CLAMPRESENT (D) GPR 1.16(g)]  WILLIAM STATE OF THE	137 CFR 1.16(c)			RATE	
MULTIPLE DEPENDENT CLAMPRISENT (DT CRT L16(d))  "IT THE difference in Column 1 is less than zero, enter 10° in column 2.  CLAIMS AS AMENDED — PART II  (Column 1)  (Column 2)  (Column 3)  RELARABING — HIGHEST PRESENT PADD: TOTAL  (Column 1)  (Column 3)  RELARABING — PAD FOR PAD FOR PADO FOR	(37 CFR 1.16(6))		1102	1	
CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (	mia				
CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (	MOCTIPLE DEPENDENT CLAIMPRESENT		x s 100_		
COUMN SAS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (	If the difference in column 1		1 180	OR x s 200	
COUMN AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (C	Tis less than zero, enter "0" in column 2		13.100	OR 1300	
COLUMN 21 (COLUMN 2) SMALL ENTITY OR OTHER THAIN SMALL ENTITY OR OTHER THAIN SMALL ENTITY  COLUMN 21 COLUM	CLAIMS AS AMENDED		TOTAL		
COMMO 3: COMMO 3: SMALL ENTITY OR OTHER THAI HIGHEST PREVIOUSLY PRESENT FOR MUNIBER PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  CLAIMS (Column 2) (Column 2) (Column 3)  CLAIMS (COLUMN 2) (Column 2) (Column 3)  CLAIMS (COLUMN 2) (Column 3)  CLAIMS (COLUMN 3) (COLUMN 3)  CLAIMS (COLUMN 4) (COLUMN 4) (COLUMN 4) (COLUMN 4)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  CLAIMS (COLUMN 3) (COLUMN 3)  CLAIMS (COLUMN 3) (COLUMN 3) (COLUMN 4) (COLUMN			OR TOTAL		
TOTAL OR TOTAL OR TOTAL OR TOTAL OF THICHEST HUMBER AMENOMENT PRESENT FRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  (COlumn 1)  (Column 2)  (Column 2)  (Column 3)  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CER LIGHT)  (Column 3)  (Column 2)  (Column 3)  (Column 2)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 4)  (Column 5)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (Column		Column 21		•	
Total Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (			SMALL ENTER		
Column 1	AFTER NO	IMBER   OCC		OTHER IDAM	
THEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))    State   Sta	Total PA		1 ' 1 AUDI. 1		
Column 1	Z Independent 2	2	1 . CCC	1. AU	
THEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))    State   Sta	Minus		x s 25 = 1	50	
(Column 1)  (Column 2)  (Column 2)  (Column 3)  (Colum	FIRST PRESENTATION OF MULTIPLE DEPENDENT				
COLUMN 2] (COLUMN 2] (COLUMN 3)  REMAINING REMAINING AFTER AMENDMENT PREVIOUSLY PREVIOUS	OR X 5 200				
COURT 1] (COLUMN 2) (COLUMN 3)  CLAIMS FEE ADDITIONAL FEE ADDITION	(310)=				
REMAINING AFTER AFTER AFTER AMENDMENT  FIGURE ST NUMBER PREVIOUSLY PAID FOR  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  FOLIAL ADDITIONAL FEE  X S TOTAL ADDITIONAL ADDITIONAL FEE  X S TOTAL AMENDMENT AMENDMENT FREWIOUSLY FRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  X S TOTAL ADDITIONAL FEE  X S TOTAL ADDITIONAL FEE  ADDITI	(Column 1)		ADO'L FEE	TOTAL	
AFTER ADDITIONAL TIONAL TOTAL AMENDMENT PAID FOR TOTAL ADDITIONAL FEE ADDITIONAL	HIGH	EST		ADD'L FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  COLAINS  REMAINING AFTER AMENOMENT  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  Total  OT CAINS  AMENOMENT  PAID FOR  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  Total  OT CATTLE  AMENOMENT  PAID FOR  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  TOTAL ADD'L FEE  OR  X S 200  TOTAL ADD'L FEE  OR  X S 200  TOTAL ADD'L FEE  OR  X S 200	AFTER HUMA	BER PRESENT	RATE		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  COUNTY 1)  (Column 2)  (Column 3)  (Column 4)  (C	O OI OFR LEGGI PAID !	OR EXTRA	r aun. i	RATE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  (Column 1)  (Column 2)  (Column 3)  (	hidependent (1) CFR (1964)	=	( CCc )	1 2006	
COLUMN 1]  (COLUMN 1]  (COLUMN 2]  (COLUMN 3)  (COLUMN	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
(Column 1)  (Column 2)  (Column 3)  (Column 4)  (Colum	TOTAL THE DEPENDENT CLAIM (1) COS				
COLUMN 1]  CLAIMS  CLAIMS  REMAINING  AMENOMENT  I Total  (1) OFR 1.14cell  OT CFR 1.16cell  OT CFR 1.16cell	1 1 3 100 - 1 1 1				
CLAIMS REMAINING AFTER AMENOMENT PREVIOUSLY PALID FOR  Independent OF CRAIMS  FIRST PRESENTATION OF MULTIPLE OEPENDENT CLAIM (31 CFR 1.16(d))  CLAIMS (Column 3)  (Column 3)  (Column 3)  RATE ADDITIONAL TIONAL FEE  X 5 100  OR ADD'L FEE  ADDITIONAL FEE  X 5 100  OR X 5 200	(Calve vi		OTAL OR		
REMAINING AFTER ANDI- TOLL (11 COR 1.16(c))  WHATER AMENOMENT PREVIOUSLY PAID FOR TOWN (11 COR 1.16(c))  WHATER AMENOMENT PRESENT EXTRA  RATE ADDI- TIONAL FEE  TOLL (11 COR 1.16(c))  WHOLE TO TOTAL (16(c))  FEE  TOLL (10 COR 1.16(c))  FEE  TOLL (10 COR 1.16(c))  TOLL (10 COR 1.16(c))  FEE  TOLL (10 COR 1.16(c))  TOLL (10 COR 1.16(c))  TOLL (10 COR 1.16(c))  TOLL (10 COR 1.16(c))  FEE  TOLL (10 COR 1.16(c))  TO	O CLAIMS: T (Column	121 (Caluma 2)		AOD'L FFF	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  **STOP**  OR **STO	REMAINING HIGHES	7			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  **STOP**  OR **STO	NAMENOMENT PREVIOUS	ay exec	1 . 7 0 0 6 . 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  **STOCI OR *	C (11 OFR 1.16(c)) Minus	-		I ADDE I	
T FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))  X 5 100  OR X 5 200  OR X 5 200	Minus		25	FEE	
1/10-					
1/10-	OR X S 200				
If the Highest Humber Previous of the entry in column 2 water as the Humber Previous of the entry in column 2 water as the e	3,00=				
** If the Highest Number Previously Paid For In THIS SPACE is less than 20. enter 20.  The Highest Humber Previously Paid For In THIS SPACE is less than 20. enter 20.  This collection of information of information of the Previously Paid For In THIS SPACE is less than 3 enter 20.					

If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

If the 'Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

USPTO to process] an application of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the information is preparing), and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any complete in the Information to USPTO. Settle U.S. Department of Commerce, R.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS